To: [redacted]@lshtm.ac.uk]; [redacted]@paediatrics.ox.ac.uk]; [redacted]@manhica.net]; [redacted]@terra.com.br]; [redacted]@ucl.ac.uk]; [redacted]@lshtm.ac.uk]; [redacted]@rivm.nl]; (SPmig) [redacted]@otago.ac.nz]
Cc: [redacted], [redacted]@who.int]; [redacted], [redacted]@who.int]; [redacted]@lshtm.ac.uk]
From: [redacted]
Sent: Fri 4/24/2020 12:27:37 PM
Subject: RE: Re: SAGE Pneumococcal Working Group - request
Received: Fri 4/24/2020 12:27:47 PM

Hi [redacted]
I also don't need to be acknowledged. Just a couple of queries. I see you changed pessimistic scenario when working out XS risk to conservative but was confused as to what this meant since conservative usually means "one that is cautious to avoid excess in approximating the quantity, degree, or worth of something" So when you said it was pessimistic before were you taking the upper end of any excess risk estimate?

Also I have read these sentences in the Appendix several times "the probability for SARS-CoV-2 infection during that vaccine clinic visit is $P = 1 - (1 - 2\%)^{\#contacts * 10\%} = 0.4$ to 2%. The probability of an infection that wouldn't have occurred otherwise is 60% lower than that (0.16 to 0.8%)" but am confused by them. If in the second sentence you are referring to the background risk had the person not had a clinic visit then don't think this is the "probability of an infection that wouldn't have occurred".

Anyway good luck with the paper.

Best regards

[redacted]

[redacted]

Dubbel

[redacted]

Volgende pagina verwijderd vanwege dubbel document